

Health Care Visits

Adolescents have lower rates of health care utilization than younger and older persons, despite the health problems that affect the adolescent population, such as sexually transmitted diseases, emotional and behavioral health problems, unintended pregnancy, drug and alcohol abuse, injuries, and violence (1). Routine health care for adolescents includes physical examinations, preventive interventions and education, observations, and screening, as well as sick care (2).

■ Lack of health insurance coverage has a significant impact on adolescents' access to routine health care. Other barriers to health care for adolescents include lack of experience negotiating complex medical systems and concerns about confidentiality.

■ Among female adolescents, the percent without a recent health care visit decreased with age. In contrast, older male adolescents (18 and 19 years of age) were more likely to lack a recent health care visit than their younger counterparts.

■ Health care use among adolescents varied by insurance status and race. In 1997 the proportion of adolescents who had not visited a physician or other health professional in the past year was more than twice as high for adolescents without health insurance as for those with health insurance. Non-Hispanic black and Hispanic adolescents without health insurance were less likely to have at least one health care visit than non-Hispanic white adolescents without health insurance.

■ Adolescents 10–19 years of age have fewer health care visits than children less than 10 years of age. In 1997, 82 percent of adolescents had one or more contacts with a physician or other health care professional compared with 91 percent of children less than 10 years of age (3).

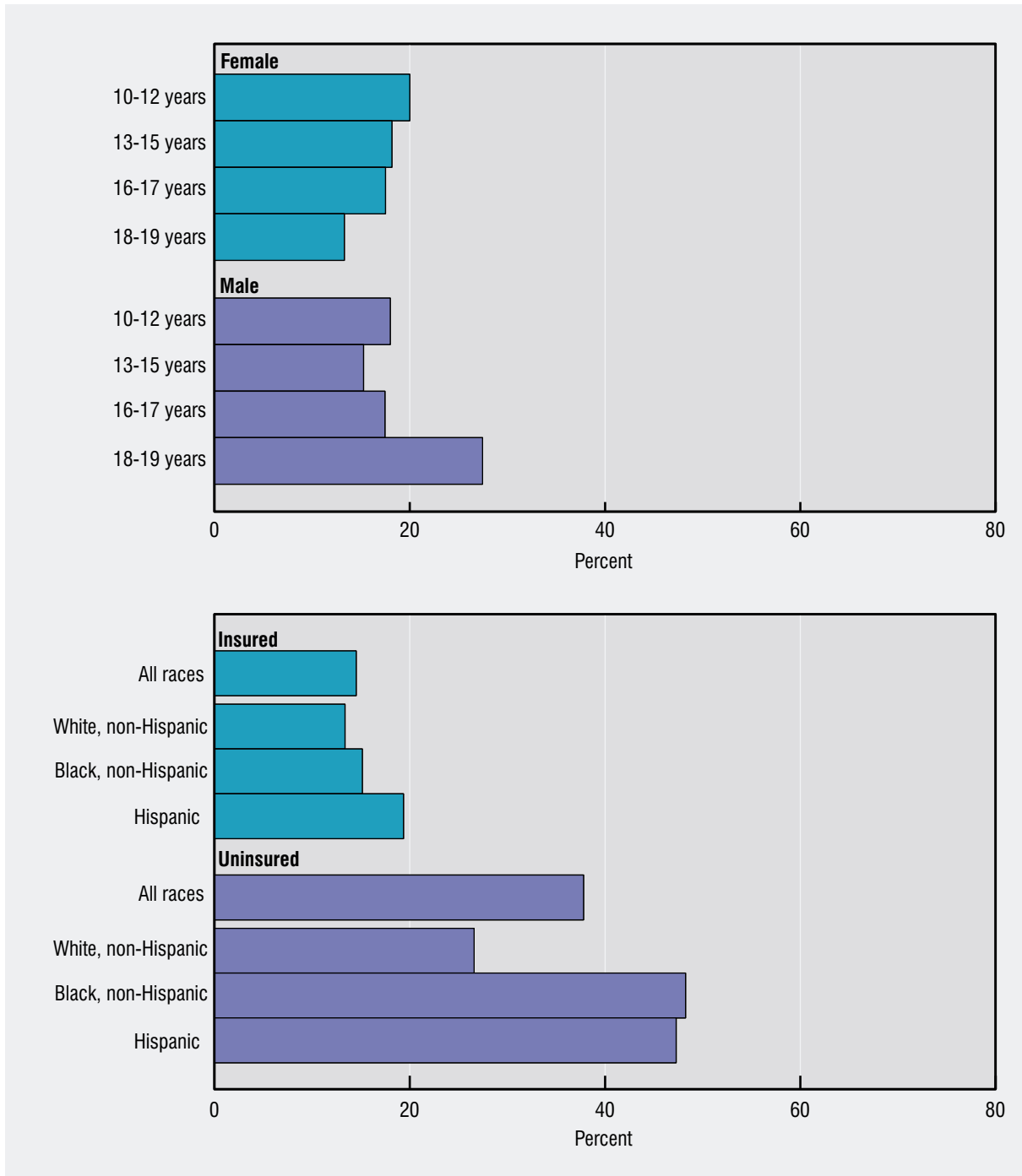
■ To meet the health care needs of adolescents, routine health care services need to be available in a wide range of settings, including community-based

clinics, school-based and school-linked health clinics, physicians' offices, family planning clinics, and health maintenance organizations (1).

References

1. Irwin CE, Brindis C, Holt KA, Langlykke K, eds. Health care reform: Opportunities for improving adolescent health. Arlington, Virginia: National Center for Education in Maternal and Child Health. 1994.
2. Green M ed. Bright futures: Guidelines for health supervision of infants, children, and adolescents. Arlington, Virginia: National Center for Education in Maternal and Child Health. 1994.
3. Centers for Disease Control and Prevention. National Health Interview Survey. 1997.

Figure 32. Lack of a health care visit in the past 12 months among adolescents 10–19 years of age, by age, sex, health care coverage, race, and Hispanic origin: United States, 1997



NOTE: Health care visit is defined as being seen by a physician or other health professional in a doctor's office, clinic, or some other place. Excluded are visits to emergency rooms, hospitalizations, home visits, and telephone calls. See Data Table for data points graphed.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.